

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002725

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 257

Primary Registration District No. 5880

Registrar's No. 2

FILED FEB 6 1963

## 1. PLACE OF DEATH

a. COUNTY Osage

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Crawford TownshipLength of stay in 1b  
2 weeksc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Linn Manor Nursing HomeInside Limits  
Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Franklin

c. CITY  
OR  
TOWN New HavenInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

IDA

Middle

MARY

Last

HAUB

4. DATE  
OF  
DEATHMonth  
January

Day

29, 1963

Year

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

14 Oct 1888

## 9. AGE (last birthday)

74

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Homemaker

## 11. BIRTHPLACE (City and state or country)

Kirkwood, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

August Vogelsang

## 13b. MOTHER'S MAIDEN NAME

Mary Young

## 14. NAME OF HUSBAND OR WIFE

Fred C. Haub

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Fred C. Haub, New Haven, Mo.

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Hemorrhage

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b) Arteriosclerosis, Cerebral

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Chronic Brain Syndrome

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan. 14, 1963 to Jan. 29, 1963 and last saw her alive on Jan. 28, 1963

Death occurred at 3:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated:

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Linn, Mo.

## 22c. DATE SIGNED

1/29/63

23a. BURIAL, CREMATION;  
REMOVAL (Specify)

Burial

## 23b. DATE

Feb. 1, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

New Haven Cemetery

## 23d. LOCATION (City, town, or county)

New Haven, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

L. C. Fertig &amp; Son, New Haven, Mo.

## 25. DATE RECD. BY LOCAL REG.

1/29/1963

## 26. REGISTRAR'S SIGNATURE

Mrs Clyde Morton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1 0760

2 0360-

3

4 1

5 1

6

7 0

8 2

9 331X

10

11

12 86-2

13 2-0

MAR 13 1963

JAN 7 1964

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Earl C. Dettig*

Licensed Embalmer No.

*3285*

P. O. Address

*New Haven Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.